

COMPLIANCE WITH STATEMENT OF BENEFITS

PERSONAL PROPERTY State Form 51765 (R4 / 11-16)

Prescribed by the Department of Local Government Finance

FORM CF-1/PP

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

INSTRUCTIONS:

- Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1, and May 15, of each year, unless a filing extension under 1C 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1, and the extended due date of each year.

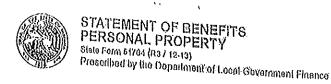
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SECTION 1 Name of taxpayer		TAXI	PAYER INFO	PLATION		County		THE REAL PROPERTY.	
JADCORE LLC	1111					Vigo			
ADCORE LLC Idress of taxpayer (street and number, city, state and ZIP code) OO N FRUITRIDGE AVENUE ERRE HAUTE IN 84002 Ime of contact person ERRY FRANDSEN CITY CLER				19	DLGF taxing district number				
TERRE HAUTE IN 84002				MINI	-01/	84002			
Name of contact person TERRY FRANDSEN	11		CI	TY CL	EKK	Telephone n	umber 234-272		
SECTION 2	10	OCATION AND DE						SET VIETE	
Name of designating body COMMON COUNCIL OF CITY OF			F	Resolution number 5-2015		Estimated sta		th, day, year)	
Location of property 300 NORTH FRUIT TERRE HAUTE I	TRIDGE N 4780	All District Controls				Actual start da	ate (month, o	lay, year)	
Description of new manufacturing equipment, or technology equipment, or new logistical distribution			equipment, c	or new information		Estimated cor 09/01/2		(month, day, year,	
		allores a terrares			200000	Actual comple 11/01/2	etion date (m 2015	onth, day, year)	
SECTION 3		EMPLOYE	ES AND SA	LARIES					
EMPI	LOYEES AND	SALARIES			AS	ESTIMATED ON SB	.1 /	ACTUAL	
Current number of employees						241		9,721,296	
Salaries							7,603,000		
Number of employees retained							241		
Salaries						7,603,000)	7,603,000	
Number of additional employees						4		19	
Salaries				1200		100,838	1	2,118,296	
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OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to compty with the Statement of Benefits.
- 2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 5. If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the County Assessor.

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We have reviewed the CF-1 ar	nd find that:			
the property owner IS in s	substantial compliance			
the property owner IS NC	T in substantial compliance			
Other (specify)				
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Reasons for the determination (alle-	ch additional sheets if necessary)			
Signature of authorized member				Date signed (month, day, year)
Attested by.		.,	Designating body	and the second s
	f not to be in substantial compliand he purpose of considering complian		ty owner shall receive the opportun	ity for a hearing. The following date and
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Д РМ		 มหรียกสหล	completed after the hearing)	
	Approved		Denied (see instruction 5 abov	e)
Reasons for the determination (attack		.a		
	E. Marie 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	a		
Signature of authorized member				Oate signed (month, day, year)
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A property owner whose ded clerk of Circuit or Superior C	oction is denied by the designating ourt together with a bond conditio	g oody may a ned to pay th	ppearine designating body's decist e costs of the appeal if the appeal	on by filing a complaint in the office of the is determined against the property owner.



CONFIDERNAL

FORM SB-1/PP

PRIVACY NOTICE

Any information concorning the cost of the property and specific solution paid to individual employable by the property owner is confidential per IC 0-1.1-12.1-5.1.

INSTRUCTIONS

- This statement must be submitted to the hody designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BUFORE a person-installs the new manufacturing equipment and/or research and development equipment, end/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- 2. The statement of bandfils form must be submitted to the designating body and the area designated an economic revitalization area helera the installation of qualifying abatable equipment for which the parson desires to claim a deduction.
- To obtain a deduction, a person must life a confilled deduction schedule with the purson's personal property return on a confilled deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor and/or research and development equipment and/or helical between March 1 and May 18 of the assessment year in which new manufacturing equipment and/or tosauch and development equipment and/or helical distribution equipment and/or information technology equipment is installed and tully due date of that year.
- 4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits.
- For a Form SB-1/PP that is approved after June 30, 2013, the designaling body is required to establish an abalement schedule for each deduction allowed.

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